

ATTACHMENT 1

Procedure code conversion chart for nurse midwife services

The following table lists the nationally recognized procedure codes that providers will be required to use in lieu of Wisconsin Medicaid local procedure codes when submitting claims for nurse midwife services. A future *Wisconsin Medicaid and BadgerCare Update* will notify providers of the specific effective dates for Wisconsin Medicaid's implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Before HIPAA implementation	After HIPAA implementation	
Local procedure code and description	National procedure code and description	Modifier and description
W6000 Antepartum care; initial visit	99204 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three components: <ul style="list-style-type: none"> • a comprehensive history; • a comprehensive examination; and • medical decision making of moderate complexity. Usually, the presenting problems are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.	TH* (obstetrical treatment/ services, prenatal)
W6001 Antepartum care; two or three visits	99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: <ul style="list-style-type: none"> • an expanded problem focused history; • an expanded problem focused examination; • medical decision making of low complexity. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	TH* (obstetrical treatment/ services, prenatal)
W6117 Depo-medroxyprogesterone, 150 mg	J1055 Injection, medroxyprogesterone acetate for contraceptive use, 150 mg	
W6201 Diaphragm	A4266 Diaphragm, for contraceptive use	
W6200 Intrauterine device — progesterone	No longer an allowable procedure code	
W6202 Jellies, creams, foams	A4269 Contraceptive supply, spermicide (e.g., foam, gel), each	

* Providers are required to use modifier "TH" with procedure codes 99204 and 99213 only when those codes are used to indicate the first three antepartum care visits. Providers are required to use both modifiers "TH" and the appropriate Health Professional Shortage Area (HPSA) modifier when these prenatal services are HPSA eligible. (See Attachment 2 of this *Update*.)

Before HIPAA implementation	After HIPAA implementation	
Local procedure code and description	National procedure code and description	Modifier and description
W6203 Suppositories (PER 1)	99070 Supplies and materials (except spectacles), provided by the physician and over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies or materials provided)	
W6204 Sponges (PER 1)		
W6206 Natural family planning supplies		
W6205 Condoms (PER 1)	A4267 Contraceptive supply, condom, male, each	
W6207 Oral contraceptives	S4993 Contraceptive pills for birth control	
W6208 Female condom	A4268 Contraceptive supply, condom, female, each	
W6209 Cervical cap	A4261 Cervical cap for contraceptive use	
W6210 Family planning pharmacy visit oral contraceptive	No longer an allowable procedure code	
W6211 Initial visit, non-comprehensive	99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: <ul style="list-style-type: none"> • a detailed history; • a detailed examination; and • medical decision making of low complexity. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	
W6212 Annual visit non-comprehensive	99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: <ul style="list-style-type: none"> • an expanded problem focused history; • an expanded problem focused examination; • medical decision making of low complexity. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	
	99214 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: <ul style="list-style-type: none"> • a detailed history; • a detailed examination; • medical decision making of moderate complexity. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	